



**South Carolina
Department of Education
Special Education Committees

Committee Application**

The completed application packet may be submitted electronically, by mail, or by fax.
Please submit all application packets to:

Attn: Courtney Johnson Foster
Office of Assessment
South Carolina Department of Education
1429 Senate Street, Room 607
Columbia, SC 29201
Fax: (803) 734-8527 Phone: (803) 734-3552
cjfooster@sde.state.sc.us

Committee Member Requirements and Provisions

The Office of Assessment is seeking applicants to provide input on test administration, test development, and procedures for testing students with disabilities on the South Carolina statewide assessment programs. Teachers, parents, and administrators are encouraged to apply. Submitted applications will be placed on file, and prior to each committee meeting or activity an invitation list will be generated from the applicants.

Committee members will be selected based on the submission of a completed application that communicates one or more of the following qualifications:

- expertise and recent experience in a specific content area and/or special education area;
- expertise and recent experience in administration of the statewide testing programs;
- comprehensive knowledge of the South Carolina Curriculum Standards and how they should be applied in teaching students or supervising professional staff; and
- varied experiences in working with students who have different learning styles, abilities, and aptitudes.

Applicants are expected to

1. apply for committee membership by completing and submitting the application;
2. provide contact information for two references;
3. obtain approval from the district superintendent to serve on the committee (school personnel);
4. update contact information as needed throughout the year; and
5. read and abide by the Security Agreement. <http://www.myschools.com/>

Committee members are expected to

1. follow procedures and guidelines outlined by meeting facilitator(s);
2. contribute to group discussions;
3. maintain a broad-based perspective throughout the review process with regard to all students in the state;
4. update contact information as needed throughout the year; and
5. adhere to all test security regulations.

All persons agreeing to serve as members of an Office of Assessment Committee must do so with full knowledge that the security and confidentiality of testing materials may in no way be breached. In order to participate, each committee member must agree to and sign a non-disclosure statement on the first day of attendance at a committee meeting or other activity.

For some committees or tasks, committee members who are not under contract by a district may be provided a stipend. All travel costs will be reimbursed in accordance with state travel regulations. If a classroom teacher's attendance at a committee meeting requires a substitute teacher, reimbursement will be made to the district.

All applicants will not necessarily be selected.

Examples of Committee Work For the Special Education Committees

Braille Review Committee

The Braille Committee reviews test items, the administration procedures for statewide assessments and the quality of the braille materials provided to students. The committee then makes recommendations for future administrations for State Department of Education (SDE) consideration.

Sign Language Review Committee

The Sign Language Committee reviews test items, the administration procedures for statewide assessments and the quality of the sign language materials provided to students. The committee then makes recommendations for future administrations for SDE consideration.

Accommodations and Modifications Review Committee

The Accommodations and Modifications Committee reviews the administration procedures for statewide assessments and the quality of administration procedures provided for students. The committee makes recommendations for future administrations for SDE consideration.

Technology Review Committee

The Technology Committee reviews the administration procedures for statewide assessments and the quality of technology provided to students. The committee makes recommendations for future administrations for SDE consideration.

Other Committees

- ❑ Bias and content review committees review items and tasks relative to appropriateness for all students.
- ❑ Standard setting committees determine performance levels for assessments.
- ❑ Standard alignment committees review items in relation to linkage to the state standards.

**South Carolina Department of Education
Office of Assessment
Committee Application**

1. Contact Information (Type or Print Clearly)

Last Name _____	First Name _____	MI _____
Position _____	Content _____	Grade _____
Title _____	Area _____	Levels _____
School District _____		
School if Applicable _____		
Principal, if applicable _____		

Work

Street Address _____

City _____	State _____	Zip Code _____
Phone () _____	Fax () _____	
E-mail _____		

Home

Street Address _____

City _____	State _____	Zip Code _____
Phone () _____	Fax () _____	
E-mail _____		

2. Gender: (Optional)

- ☐ Female
☐ Male

Ethnicity: (Optional)

- ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ African-American (Not of Hispanic Origin)
☐ Hispanic
☐ White (Not of Hispanic Origin)
☐ Unspecified

3. Check the committee(s)/activities for which you are applying:

Special Education Committees

- ☐ Braille Review Committee
- ☐ Sign Language Review Committee
- ☐ Accommodations and Modifications Review Committee
- ☐ Technology Review Committee

Other Committees

- ☐ Bias Review
- ☐ Content Review
- ☐ Standards Setting
- ☐ Standard Alignment

4. Education/Professional Development

Name of College Degree & Year Received	Workshops and/or Seminars Attended in last three years
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5. Teachers/Administrators briefly describe your job responsibilities for the past three years. Please include types of classes, a description of students, ages, and special education classifications.

Parents briefly describe your child and any experience you have had with statewide assessment.

Child's Current School/District _____

6. List any areas in which you are certified to teach in South Carolina.

- 7. Briefly describe any special expertise that you have such as use of assistive technology, aligning standards with instruction and assessment, or curriculum content, administration, previous experience with other committees or parent organizations etc.**

- 8. Briefly explain why you are interested in serving as a member of one of the Assessment Committees or assisting with assessment activities.**

- 9. Briefly describe your experience with administering statewide assessments to students with documented disabilities. (Administrators may describe experience with coordinating the statewide assessments at the district level. Parents may describe their experience in participating in IEP or 504 Plan meetings and/or reviewing assessment results.)**

Professional References

The professional references named on this form should have direct contact with the applicant on a regular basis with regard to his/her current instructional/supervisory assignment. The professional references can verify that the applicant is qualified to serve on the Assessment Committee(s) for which he/she has applied. Parents may list school personnel or others who are knowledgeable of their skills.

First Reference

Name of Professional Reference _____

Position Title _____

School (if applicable) _____

School District (if applicable) _____

Phone () _____ E-mail _____

Second Reference

Name of Professional Reference _____

Position Title _____

School (if applicable) _____

School District (if applicable) _____

Phone () _____ E-mail _____

Note: References will be contacted.

South Carolina Office of Assessment Committee Application

District Superintendent Approval of Nomination

The district superintendent must approve the nomination of school personnel for membership on an Assessment Committee. The individual listed below has applied to serve on a committee to assist the South Carolina Department of Education, Office of Assessment with implementation of statewide assessments. Please indicate your approval for this person to serve on a state committee.

Applicant _____ Committee/Activity _____

☐

Yes

Comments (optional) _____

☐

No

Comments (optional) _____

Committee members not under contract by a district may be paid a stipend of \$150.00 per day. All travel costs will be reimbursed in accordance with the State travel regulations

If a classroom teacher's attendance at a committee meeting requires a substitute teacher, the district will be reimbursed.

Office of Assessment

Agreement to Maintain Test Security and Confidentiality

Test security is essential to obtain reliable and valid scores for accountability purposes. Accordingly, the Department of Education must take every step to insure the security and confidentiality of the state test materials. It is the responsibility of individuals who develop the tests, who administer the tests, and/or those who use the results to follow test security laws, regulations, and procedures. These rules are located in the test administration manuals for each test.

Appropriate testing practices are not always universally understood or followed. To help school staff involved in testing have a common understanding of which practices are recommended, District and School Test Coordinators must provide the appropriate manual to these individuals and must encourage these individuals to read all instructions. The test administration manual provides detailed test security information and administration guidelines for each test. Manual review should occur from one to three weeks prior to the testing window.

I acknowledge that I have received, read, and understand the test administration manual for the test I will be administering. I acknowledge that I will have access to one or more of the following tests that are a part of the South Carolina statewide testing program: BSAP, End-of-Course Program (EOCEP), High School Assessment Program (HSAP), HSAP-Alt, PACT, or PACT-Alt.

I understand the tests are secure, confidential, and proprietary documents owned by the Department of Education. I hereby agree that I will not discuss, disseminate, describe, or otherwise reveal the contents of the test to anyone. I will not keep, copy, reproduce, or use in any manner inconsistent with the instructions provided by or through the State Department of Education any test, test question, or specific test content. I will not keep, copy or reproduce in any manner inconsistent with the instructions provided by or through the State Department of Education any portion of examinee responses to any item or any section of a secure test, a secure administration manual, or oral administration scripts. I will return all test materials to the School Test Coordinator or the District Test Coordinator. I will follow all the state laws and regulations regarding testing ethics and test security that are discussed in the test administration manual.

I understand that failure to follow these laws, regulations, or procedures could result in action being taken against my certificate and/or criminal prosecution.

Signature

Print Name

District and School

Date